

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6709 Michigan
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 17 yrs. years, months or days)

3. (a) PRINT
FULL NAME Emma Foyle Ireland8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Rev. Gilbert E. Ireland 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 1 1849
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 5 28 hr. min.

9. Birthplace London England
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business _____

12. Name George Foyle
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Bailey
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edith J. King

(b) Address 6709 Michigan ave.
 17. (a) Burial (b) Date thereof March 30, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wm. H. K. Co.
 (b) Address 7814 S. Broadway
MAR 29 1940

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6709 Michigan ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 39 yrs. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
 year 1940 hour 12 minute 05 p. M.

21. I hereby certify that I attended the deceased from 3/25/1940 to 3/28/1940
 that I last saw her alive on 3/28/1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Pneumonia Duration 3 days

Other conditions Senility
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury 1

23. Signature D. J. Smith (M. D. or other) _____
 Address 6006 Va. ave. Date signed 3-29-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.